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7590

03/30/2005

Marger Johnson & McCollom, P.C.
1030 SW Morrison Street
Portland, OR 97205

06/30/2005 HDESS2 00000083 09735429

01 FC:1501
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Jennifer Abernathy (Depositor's name)
[Signature] (Signature)
June 29, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/735,429	12/12/2000	Ramanathan T. Jagadeesan	2705-131	5284

TITLE OF INVENTION: DEVICES, SOFTWARE AND METHODS FOR MEASURING PACKET LOSS BURSTINESS TO DETERMINE QUALITY OF VOICE DATA TRANSMISSION THROUGH A NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/30/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SEFCHECK, GREGORY B	2662	370-252000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Marger Johnson &
McCullom, P.C.

2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cisco Technology, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 43-1703 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). any fees not covered

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Authorized Signature

[Signature]
Stephen S. Ford

Date June 29, 2005

Typed or printed name

Registration No. 35,139

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